

Executive Summary Form

Agenda Number: HLT- (STD Services. Amend.6)

Recommendation:

Approval of Amendment 6 of the contract for the STD Services (contract HG854323) in which the Price Sheet, effective January 1, 2011, reflects no change to the total budget but rather modest redistributions between the various funding categories

This contract is between the Arizona Department of Health Services and the Cochise County Health Department. The annual contract amount is \$2,271.00.

Background (Brief):

The Health Department has received funds for the ADHS for many years to provide screening, laboratory testing, treatment, and follow-up for sexually transmitted diseases (STDs) primarily Gonorrhea, Chlamydia, and Syphilis. Through this contract the CCHD is funded to ensure availability of STD care, treatment and services to our community.

These grant funds primarily pay for the laboratory testing and treatment regimens for STDs. General Funded nursing staff provides these services free of charge. The Nursing Division will continue to use ingenuity and other (limited) sources of funding to avoid impact on its General Fund budget in order to continue providing these services. The Health Director will inform the Board in advance of the time when this is no longer possible.

This amendment extends the termination date by one year.

Fiscal Impact & Funding Sources:

Grant	Amount	Salaries + ERE's	Authorized OH	Small-Grant OH at 5%*	Net Co. Subsidy
STD	\$2,271	\$0	\$0	\$114	\$114

* Small-grant rate used for subsidy calculation since there are no salaries/EREs

Next Steps/Action Items/ Follow-up:

Your approval is respectfully requested.

Impact of Not Approving:

Not approving this amendment may cause the inability of the Health Department to collect the reimbursement for STD testing services from the ADHS and would cause cessation of this service to the community.



COCHISE COUNTY HEALTH DEPARTMENT
REQUEST FOR GRANT APPROVAL

Department: Health Division: NCHS

Type of Grant: STD Services, IGA #HG854323

New: _____ Renewal: _____ Amendment: #6

Effective Date: 1/1/11 Expiration Date: 12/31/11

Source of Grant Funds: ADHS

Amount: \$ \$2,271.00 Budgeted? Yes x Fund # 237 No _____

Disbursement of Funds: Monthly
Start of Grant Date 1/1/11
Reimbursement of Expenditures X
Other (please specify) _____

Can funds be deposited into interest bearing accounts? Yes _____ No x
If Yes, General Fund? Yes _____ No x

Administrative fees or other direct revenues to County General Fund: \$ _____

County Match Required? Yes _____ \$ _____ General Fund: _____
No x Other (specify): _____

In-kind match (if any): \$114 net county subsidy (5% Small Grant OH)

Duration of grant funds: 1/1/11 – 12/31/11

Future County General Fund financial impact (if any): \$ _____
Explain: _____

Overhead charges allowed by grant? Yes X No _____
(supply contract reference, statute or regulation prohibiting)

Additional personnel required. Yes _____ No x
(requires Human Resources position review and approval)

Additional space required? Yes _____ No x
If yes, how much? _____

IT/Communications support required? Yes _____ No x
Telephones _____
Computers _____
Other (specify) _____

Other requirements/costs: _____

How will the County benefit from this funding? Provide STD services free of charge to county residents

What will be the impact of not funding? Services not available

[Signature] 3/7/11
Department Head Signature (required) Date Signed



INTERGOVERNMENTAL AGREEMENT (IGA)
AMENDMENT

ARIZONA DEPARTMENT OF
HEALTH SERVICES
1740 W. Adams, Room 303
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax
Procurement Specialist
Cindy Sullivan

Contract No: HG854323

Amendment No 6

STD Services

It is mutually agreed that the Intergovernmental Agreement referenced is amended, effective upon final signature, as follows:

- 1 Replace Price Sheet, Amendment Four (4), Page Two (2) with revised Price Sheet, Amendment Six (6), Page Two (2) The revised Price Sheet, effective January 1, 2011, reflects no change in the total amount, with the following line item changes.
 - a Professional and Outside Services increased \$646.00 due to an increase in lab testing,
 - b Travel increased \$29.00 to cover outreach and training; and
 - c Other Operating decreased \$675.00 to cover expenses based on last year's activity.

All other provisions shall remain unchanged.

Cochise County Department of Health & Social
Services

Contractor Name
1415 W. Melody Lane, Building A

Address
Bisbee, AZ 85603-3090

City State Zip

CONTRACTOR SIGNATURE

In accordance with A.R.S. 35-391.06 and A.R.S. 35-393.06, the Contractor hereby certifies that the Contractor does not have scrutinized business operations in Sudan or Iran.

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature

Date

Printed Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory

State of Arizona

Signed this _____ day of _____ 2011

Procurement Officer

Attorney General Contract No. PIGA2011000344, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona

Signature


Date

Assistant Attorney General

Printed Name: Ronald E. Johnson

RESERVED FOR USE BY THE SECRETARY OF STATE

UNDER HOUSE BILL 2011, A.R.S. § 11-952 WAS AMENDED TO REMOVE THE REQUIREMENT THAT INTERGOVERNMENTAL AGREEMENTS BE FILED WITH THE SECRETARY OF STATE.

	INTERGOVERNMENTAL AGREEMENT (IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 1740 W Adams, Room 303 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Contract No: HG854323	Amendment No. 4	Procurement Specialist Pam Giroux

PRICE SHEET
Effective 1/1/2011

COST REIMBURSEMENT LINE ITEMS	BUDGETED AMOUNT
PERSONNEL SERVICES AND EMPLOYEE RELATED EXPENSES	\$ 0
PROFESSIONAL & OUTSIDE SERVICES	\$ 1,771.00
TRAVEL	\$ 100.00
OCCUPANCY EXPENSES	\$0.00
OTHER OPERATING	\$ 400.00
CAPITAL OUTLAY EXPENSES	\$0.00
OTHER	\$0.00
TOTAL	\$ 2,271.00

NOTE: With prior approval from the ADHS Program Manager, the Contractor is authorized to transfer up to a maximum of ten percent (10%) of the total budget amount between line items. Transfers of funds are only allowed between funded line items. Transfers exceeding ten percent (10%) or to a non-funded item shall require a Contract Amendment.